

ONE HUNDRED SIXTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
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WASHINGTON, DC 20515-6115

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October 11, 2019

The Honorable Frank Pallone, Jr.
Chairman
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Anna Eshoo
Chairwoman
Subcommittee on Health
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Pallone and Chairwoman Eshoo,

We write to request that the Committee on Energy and Commerce schedule a follow-up legislative hearing on maternal morbidity and mortality in the U.S., which is a major public health concern.

Despite massive innovation in health care and advancements in technology, over the last two decades, the number of American women who die each year from a pregnancy-related cause has increased dramatically. Since the Centers for Disease Control and Prevention (CDC) implemented the Pregnancy Mortality Surveillance System, the number of reported pregnancy-related deaths in the U.S. has steadily increased from 7.2 deaths per 100,000 live births in 1987 to a high of 17.8 deaths per 100,000 live births in 2009 and 2011.¹ Persistent racial disparities in the maternal morbidity and mortality are even more alarming, as black and American Indian/Alaska Native (AI/AN) women are about three times as likely to die from a pregnancy-related cause as white women.²

In the 115th Congress, Republicans and Democrats on the Energy and Commerce Committee worked together on Representative Jaime Herrera Beutler's H.R. 1318, the Preventing Maternal Deaths Act, which President Trump signed into law in December.³ This bill reauthorized the CDC's Safe Motherhood programs and enhanced Federal efforts to support state maternal mortality review committees in order to improve data collection and reporting around maternal mortality, and to develop or support surveillance systems at the local, State, and national level in order to understand better the burden of maternal complications. These

¹ <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm>

² *Id.*

³ Public Law Number 115-344

surveillance efforts include identifying groups of women with disproportionately high rates of maternal mortality and identifying the determinants of disparities in maternal care, health risks, and health outcomes.

The Committee has continued its work to address this issue in the 116th Congress by sending letters earlier this year to six Department of Health and Human Services (HHS) agencies requesting information on efforts underway to improve reporting, data collection, and activities related to reducing maternal morbidity and mortality. In addition, on September 10, 2019, the Health Subcommittee held a hearing entitled "Improving Maternal Health: Legislation to Advance Prevention Efforts and Access to Care." This hearing reviewed four Democratic-led bills, but did not allow for consideration of H.R. 4215, Excellence in Maternal Health Act, a bipartisan bill led by Representative Larry Bucshon, which is the House companion to the maternal mortality provisions in Senator Alexander and Senator Murray's bipartisan bill, S. 1895, Lowering Health Care Costs Act.

The language in H.R. 4215 passed the U.S. Senate Committee on Health, Education, Labor and Pensions as part of a bipartisan package. The bill authorizes grants to identify, develop, and disseminate maternal health quality best practices, supports health professional training to reduce and prevent discrimination and implicit biases, enhances Federal efforts to establish or support perinatal quality collaboratives, and establishes innovative evidence-informed programs that deliver integrated services to pregnant and postpartum women.

Two of the bills reviewed at our September hearing included provisions with similar intent to H.R. 4215. However, the text of those provisions was different from H.R. 4215, and it would have been helpful if members had an opportunity to compare the details of these provisions at the hearing. Unlike the bills that were reviewed at the hearing, H.R. 4215 placed the new programs and authorities in the Public Health Service Act, to better incorporate them into other functions at the HHS. H.R. 4215 would ensure that the programs built upon the initiatives authorized in the Preventing Maternal Deaths Act. Overall, H.R. 4215 was a different approach to addressing maternal morbidity and mortality, as it tied together bipartisan, consensus initiatives that have real potential of becoming law.

Also, notably absent from the hearing were witnesses from HHS, including the Office of the Assistant Secretary for Health (OASH), the Agency for Healthcare Research and Quality (AHRQ), the CDC, the Centers for Medicare and Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), and the Indian Health Service (IHS). Given that three of the four bills considered on September 10 impacted the Medicaid program, not having CMS present to discuss them was very concerning.

It is also especially critical to hear from the Indian Health Service, as the rates of maternal deaths and morbidity for AI/AN women residing in IHS service areas are significantly higher than the U.S. rate overall. According to data from the IHS, the maternal death rate of AI/AN women in the IHS service area in 2007-2009 was 23.2 per 100,000 live births, about 50 percent higher than the rate of 15.5 for all races for the same time frame and 90.2 percent higher

than the rate for white women of 12.2 per 100,000 live births.⁴ Reports of even higher maternal morbidity rates at IHS-area hospitals from a limited number of studies suggest significant disparities with devastating impacts on these communities. Unfortunately, there seems to be a relative lack of recent public maternal health data specific to IHS-area hospitals, and on actions to reduce harms to mothers.

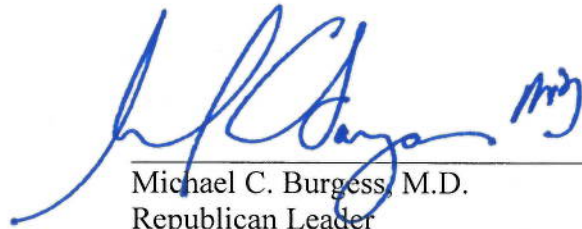
While the September maternal mortality hearing was a good first step, it was an incomplete effort. It did not include consideration of H.R. 4215, and did not include witnesses from HHS. Much more work needs to be done, and we urge you to hold a second legislative hearing on maternal mortality that includes witnesses from OASH, AHRQ, CDC, CMS, HRSA, and IHS in the near future. Addressing maternal morbidity and mortality in our country necessitates a robust and productive dialogue on how we can build off the successes of the Preventing Maternal Deaths Act, and further improve health outcomes for American moms and babies.

We thank you for your consideration and look forward to continuing to work with you in a bipartisan manner to address our nation's maternal mortality crisis.

Sincerely,



Greg Walden
Republican Leader



Michael C. Burgess, M.D.
Republican Leader
Subcommittee on Health



Brett Guthrie
Republican Leader
Subcommittee on Oversight
and Investigations



Larry Bucshon, M.D.
Member of Congress

⁴ Indian Health Service, *Trends in Indian Health 2014 Edition*, Office of Public Health Support, Division of Program Statistics,
https://www.ihs.gov/sites/dps/themes/responsive2017/display_objects/documents/Trends2014Book508.pdf